## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention | Elastomeric Balloon Support Fabric

As the below named inventor(s), I/we declare that:							
This declaration is directed to:							
Application No, filed on,							
as amended on (if applicable);							
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;							
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;							
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and							
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.							
FULL NAME OF INVENTOR(S)							
Inventor one: Sam L. Samuels							
Signature: SLS Citizen of: US							
Inventor two: Peter Popper							
Signature: fele for Citizen of: US							
Inventor three: William G. DiMaio							
Signature: William Signature: US Citizen of: US							
Inventor four:							
Signature: Citizen of:							
Additional inventors are being named on additional form(s) attached hereto.							

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

POWER	OF AT	TORN	EY OR
AUTHOR	IZATIC	N OF	AGENT

Application Number		
Filing Date	Concurrently Herewith	
First Named Inventor	Sam L. Samuels	
Title	Elastomeric Balloon Support Fabric	
Group Art Unit		
Examiner Name		
Attorney Docket Number	AD6799 US NA	

I hereby appoint:							
	ers at Cust	omer Number	23906		<del></del>	PATENT TRADEMA	BK OSEICE
OR PATENT TRADEMARK OFFICE							
☐ Practition	er(s) name	d below:			· · · · · · · · · · · · · · · · · · ·		1
		Name			Registration N	lumber	
1	**						
-		<del></del>					
L			<del>"</del>				
as my/c United	our attorney States Pate	r(s) or agent(s) to pent and Trademark	rosecute the applic	ation ide nerewith.	ntified above, and to	transact all busin	ess in the
Please change the correspondence address for the above-identified application to:  ☑ The above-mentioned Customer Number  OR  ☐ Practioners at Customer Number  Place Bar Code Label Here							
OR							
Firm or Individua	al Name						
Address							
Address							
City				State		ZIP	
Country							
Telephone				Fax			
I am the:  ☑ Applicant/Inventor.  ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name	Name Sam L. Samuels						
Signature	Signature S. L. Su-3						
Date 2/22/02							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of <u>3</u> forms are submitted.							
Mar Har District And The Control of							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number		
Filing Date	Concurrently Herewith	
First Named Inventor	Sam L. Samuels	
Title	Elastomeric Balloon Support Fabric	
Group Art Unit		
Examiner Name		
Attorney Docket Number	AD6799 US NA	

I hereby app		omer Number	23906	] —	<b>-</b>	PATENT TRADEMA	RK OFFICE
OR					L		
☐ Practition	ner(s) named	l below:					.
		Name			Registration N	umber	]
							]
							]
							1
				-			1
			- the emplicat	"an identific	-d above and to	transact all husir	aces in the
as my United	/our attorney i States Pate	(s) or agent(s) to pent and Trademark	prosecute the applicat c Office connected the	rewith.	30 above, and to	llansact an occ.	iess in the
Please cha	nge the corr	espondence addre	ess for the above-iden	tified applic	cation to:		
		ed Customer Num			ſ	r———	
OR					<b> </b>	Place Bar Code	I ahel Here
☐ Practio	ners at Custo	omer Number				Piace Dai CCCC	Lubellion
OR							
☐ Firm <i>or</i> Individ	uai Name						
Address	Address						
Address						1	
City				State		ZIP	
Country							
Telephone				Fax			
I am the:	I am the:						
	licant/Invento	or.					
			erest. See 37 CFR 3.				
Certii	Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record							
Name	Name Peter Popper						
Signature	Signature 10 Hz						
Date F. R. 25, 200 2							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
ļ	of <u>3</u> forms are						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**POWER OF ATTORNEY OR** 

**AUTHORIZATION OF AGENT** 

## **Application Number** Concurrently Herewith Filing Date Sam L. Samuels First Named Inventor Elastomeric Balloon Support Fabric Title **Group Art Unit Examiner Name** AD6799 US NA Attorney Docket Number

hereby appoint:  Practitioners at Customer Number  23906  PATENT TRADEMARK OFFICE							
	OR						
Practitioner(	(s) named below:	lama.	Registration N	Number			
_		lame	registrations				
<u> </u>							
*							
as my/ou United St	ir attorney(s) or agent tates Patent and Trad	(s) to prosecute the applicati emark Office connected ther	on identified above, and to ewith.	o transact all business in the			
Please change	e the correspondence	address for the above-ident	ified application to:				
	e-mentioned Custome						
OR				Place Bar Code Label Here			
	rs at Customer Numb	er L					
OR							
☐ Firm <i>or</i> Individual	Name						
Address	Address						
Address							
City			State	ZIP			
Country							
Telephone	Telephone Fax						
I am the:							
☑ Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name	Name William G. DiMaio						
Signature	Signature Wallance I Af Mass						
Date Felt 25, 2002							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
	★ *Total of 3 forms are submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231